

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Camille J Kassar
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In Re:

Scott J. Appel

Case No.: 19-21156

Chapter: 13

Adv. No.:

Hearing Date:

Judge: JKS

CERTIFICATION OF SERVICE

1. I, Camille J Kassar, Esq :

☒ represent Scott J. Appel in this matter.

☐ am the secretary/paralegal for _____, who represents
_____ in this matter.

☐ am the _____ in this case and am representing myself.

2. On 08/23/2019, I sent a copy of the following pleadings and/or documents
to the parties listed in the chart below.
Adjourned 341 Hearing

3. I certify under penalty of perjury that the above documents were sent using the mode of service
indicated.

Date: 08/23/2019

/s/Camille J Kassar, Esq
Signature

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
M&T Bank P.O Box 844 Buffalo, NY 142540	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
U.S. Trustee US Dept of Justice Office of the US Trustee One Newark Center Ste 2100 Newark, NJ 07102	U.S. Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Marie-Ann Greenberg Chapter 13 Standing Trustee 30 Two Bridges Rd Suite 330 Fairfield, NJ 07004	Trustee	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Capital One Bank (USA), N.A. 4515 N Santa Fe Ave Oklahoma City, OK 73118	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
Verizon by American InfoSource as agent 4515 N Santa Fe Ave Oklahoma City, OK 73118	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
NJ ACUTE CARE SPECIALISTS PROFESSIONAL CORP PO Box 1123 Minneapolis, MN 55440-1123	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
EMERGENCY PHYSICIAN ASSOCIATES NORTH JERSEY,PC PO Box 1123 Minneapolis, MN 55440-1123	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/RR <input type="checkbox"/> Other _____ (As authorized by the Court or by rule. Cite the rule if applicable.)